

COPY

**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	ITR0048Y
First Named Inventor	Colloca, Stefano
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CHIMPANZEE ADENOVIRUS VACCINE CARRIERS

(Title of the Invention)

the specification of which

bears the Attorney Docket Number and Title of the Invention noted above

OR

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/538,799	01/23/2004	ITR0048PV

COPYApproved for use through 07/31/2006. OMB 0651-0032
SUBSTITUTE for PTO/SB/01 (04-05), DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION**DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioners Associated with the Customer Number **000210**
 OR
 Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to: Customer Number **000210**

Name	Patricia L. Chisholm					
Address	126 East Lincoln Avenue					
Address	P.O. Box 2000, RY60-30					
City	Rahway	State	NJ	ZIP	07065-0907	
Country	USA	Telephone	(732)594-5738		Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname				
Stefano		Colloca				
Inventor's Signature				Date	October 11, 2005	
Residence: City	Rome	State	Country	Italy	Citizenship	Italian
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600					
City	Pomezia, Rome	State	ZIP	00040	Country	ITALY
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.						

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DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Agostino		Cirillo					
Inventor's Signature					Date	October 12, 2005	
Residence: City	Lanuvia	State		Country	Italy	Citizenship	Italian
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Bruno		Bruni Ercole					
Inventor's Signature					Date	October 11, 2005	
Residence: City	Pomezia	State		Country	Italy	Citizenship	Italian
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Alfredo		Nicosia					
Inventor's Signature					Date	October 13, 2005	
Residence: City	Rome	State		Country	Italy	Citizenship	Italian
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
Annalisa		Meola					
Inventor's Signature					Date	October 11, 2005	
Residence: City	Ariccia	State		Country	Italy	Citizenship	Italian
Mailing Address	Istituto di Ricerche di Biologia Molecolare P. Angeletti, Via Pontina KM 30,600						
City	Pomezia, Rome	State		ZIP	00040	Country	ITALY